

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

*106-32300*

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| TOTAL CLAIMS                     | <i>24</i>                | <input type="checkbox"/> |
| FOR                              | NUMBER FILED             | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | <i>24</i> minus 20 =     | * <i>4</i>               |
| INDEPENDENT CLAIMS               | <i>3</i> minus 3 =       | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |                          |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY<br>TYPE | <input type="checkbox"/> | OR | OTHER THAN<br>SMALL ENTITY |
|----------------------|--------------------------|----|----------------------------|
| RATE                 | FEE                      | OR | RATE                       |
| BASIC FEE            | 375.00                   | OR | BASIC FEE                  |
| X\$ 9=               | <input type="checkbox"/> | OR | X\$18=                     |
| X42=                 | <input type="checkbox"/> | OR | X84=                       |
| +140=                | <input type="checkbox"/> | OR | +280=                      |
| TOTAL                | <input type="checkbox"/> | OR | TOTAL                      |
|                      | <i>822</i>               |    |                            |

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | <input type="checkbox"/> | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         | <input type="checkbox"/> |
|------------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------|--------------------------|--------------------------|
| Total                                          | *                                         | Minus                    | **                                          | =                        | <input type="checkbox"/> |
| Independent                                    | *                                         | Minus                    | ***                                         | =                        | <input type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                          |                                             | <input type="checkbox"/> |                          |

| SMALL ENTITY | <input type="checkbox"/> | OR                | OTHER THAN<br>SMALL ENTITY |
|--------------|--------------------------|-------------------|----------------------------|
| RATE         | ADDI-<br>TIONAL<br>FEE   | OR                | RATE                       |
| X\$ 9=       | <input type="checkbox"/> | OR                | X\$18=                     |
| X42=         | <input type="checkbox"/> | OR                | X84=                       |
| +140=        | <input type="checkbox"/> | OR                | +280=                      |
| TOTAL        | <input type="checkbox"/> | OR                | TOTAL                      |
|              | <input type="checkbox"/> | ADDITIONAL<br>FEE | <input type="checkbox"/>   |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | <input type="checkbox"/> | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         | <input type="checkbox"/> |
|------------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------|--------------------------|--------------------------|
| Total                                          | *                                         | Minus                    | **                                          | =                        | <input type="checkbox"/> |
| Independent                                    | *                                         | Minus                    | ***                                         | =                        | <input type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                          |                                             | <input type="checkbox"/> |                          |

| RATE   | ADDI-<br>TIONAL<br>FEE   | OR                | RATE                     | ADDI-<br>TIONAL<br>FEE   |
|--------|--------------------------|-------------------|--------------------------|--------------------------|
| X\$ 9= | <input type="checkbox"/> | OR                | X\$18=                   | <input type="checkbox"/> |
| X42=   | <input type="checkbox"/> | OR                | X84=                     | <input type="checkbox"/> |
| +140=  | <input type="checkbox"/> | OR                | +280=                    | <input type="checkbox"/> |
| TOTAL  | <input type="checkbox"/> | OR                | TOTAL                    | <input type="checkbox"/> |
|        | <input type="checkbox"/> | ADDITIONAL<br>FEE | <input type="checkbox"/> | <input type="checkbox"/> |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | <input type="checkbox"/> | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         | <input type="checkbox"/> |
|------------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------|--------------------------|--------------------------|
| Total                                          | *                                         | Minus                    | **                                          | =                        | <input type="checkbox"/> |
| Independent                                    | *                                         | Minus                    | ***                                         | =                        | <input type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                          |                                             | <input type="checkbox"/> |                          |

| RATE   | ADDI-<br>TIONAL<br>FEE   | OR                | RATE                     | ADDI-<br>TIONAL<br>FEE   |
|--------|--------------------------|-------------------|--------------------------|--------------------------|
| X\$ 9= | <input type="checkbox"/> | OR                | X\$18=                   | <input type="checkbox"/> |
| X42=   | <input type="checkbox"/> | OR                | X84=                     | <input type="checkbox"/> |
| +140=  | <input type="checkbox"/> | OR                | +280=                    | <input type="checkbox"/> |
| TOTAL  | <input type="checkbox"/> | OR                | TOTAL                    | <input type="checkbox"/> |
|        | <input type="checkbox"/> | ADDITIONAL<br>FEE | <input type="checkbox"/> | <input type="checkbox"/> |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.